PTO/SB/17 (10-07)
Approved for use through 06/30/2010. OMB 0651-0032
Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Pa	Act of Act	respond to a collecti	respond to a collection of information unless it displays a valid OMB control number					
Effective on 12/08/2004.				Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				1.5		09/887,746		
FEE TRANSMITTAL						June 21, 2001		
For FY 2008						Takashi KUNII	1	
F0171 2000				Examiner Name J. I		J. D. Carlson		
Applicant claims small entity status. See 37 CFR 1.27			Art Unit	3622				
TOTAL AMOUNT OF PAYMENT (\$) 930.00			Attorney Docke	Attorney Docket No. 393032			·	
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
X Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	F	FILING FEES	SE	ARCH FEES		NATION FEES	j	
Application T	ype Fee	(\$) Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	<u>′</u> <u>Fee (</u> \$)	Small Entity Fee (\$)	Fooe	Paid (\$)
Utility	310 310		510	,	210	105	1.663	<u>Paiu (φ)</u>
Design	21		100		130	65	-	
Plant	21		310		160	80	-	
Reissue	310	-	510		620	310		· ·
Provisional	210		310		020	0	****	
2. EXCESS CLAIM FEES						U		Small Entity
Fee Description								Small Entity Fee (\$)
Each claim over 20 (including Reissues)							Fee (\$) 50	25
Each independent claim over 3 (including Reissues)							210	105
Multiple dependent claims							370	185
Total Claims			Paid (\$) Multiple Depen			ent Claims	<u>i</u>	
20 = x =							Fee Pald (	\$)
HP = highest number of total claims paid for, if greater than 20.								
Indep. Claims	Extra Claims	·	Fee	Paid (\$)				
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION	•	is paid for, is greater the	an o.					
	ation and drawings	exceed 100 sheets	ofnaper	(excluding elect	tronically f	iled sequence or	computer	
listings und	der 37 CFR 1.52(e))	), the application size	ze fee du	ue is \$260 (\$130	for small e			
sheets or fr	raction thereof. See	35 U.S.C. 41(a)(1)	)(G) and	37 CFR 1.16(s).				
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)								Paid (\$)
100 = /50 = (round up to a whole number) x							=	
4. OTHER FEE(S)							Fees Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37								10.00
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 1251 Extension for response within first month							120.00	
SUBMITTED BY								
Signature	Registration No. 44 415 Telephone (213)					(213) 80	22-5587	
· · · · · · · · · · · · · · · · · · ·				(Attorney/Agent)		(213) 892-5587 October 31, 2007		
Name (Print/Type)	David I rang					Date	October :	31, 2007